

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10418</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ed</u> <u>L</u> <u>Jacobson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1514 View Avenue</u> City <u>Centralia</u> State <u>Washington</u> ZIP Code + 4 <u>98531</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union 252</u> Labor Organization File Number <u>001-682</u> P.O. Box, Building and Room Number, if any _____ Street <u>217 East Main Street</u> City <u>Centralia</u> State <u>Washington</u> ZIP Code + 4 <u>98531-4449</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ed L Jacobson

On

8/14/05

Date

(360) 736-2584

Telephone Number

Name of Person Filing <u>Ed L. Jacobson</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>WCPT & Northwest Administrators</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>2323 Eastlake Avenue East</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98102</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 10/29/04 - \$1,131.00 Trustee Expense Reimb. 10/29/04 - \$109.00 Value of Trust-Paid Food/Bev/Misc & Meeting/Event 10/29/04 - \$19.00 Value of Trust-Paid Food/Bev/Misc & meeting/Event 11/18/04 - \$203.00 Value of Trust-Paid Food/Bev/Misc & Meeting/Event 06/01/04 - \$23.00 Value of provided Food/Bev. 08/05/04 - \$152.00 Value of provided Golf (includes spouse) 08/05/04 - \$72.00 Value of provided Food/Bev. (includes spouse) </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment <div style="border: 1px solid black; padding: 5px; text-align: right; margin-top: 5px;">\$1,884.00</div>

Name of Person Filing <u>Ed L. Jacobson</u>	File Number U-
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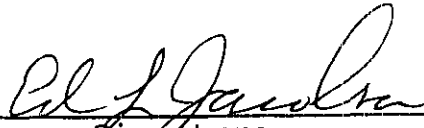
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. _____ 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. _____ 12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer: any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Teamsters Local Union 252</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>217 East Main Street</u> City <u>Centralia</u> State <u>Washington</u> ZIP Code + 4 <u>98531-4449</u>	14.a. Nature of payment. <u>8/13/04 - \$160.00 Value of provided golf and food (includes spouse).</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment <u>included on previous page</u>

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.



Signature

August 14, 2005

Date

Part B

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Recording Secretary
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name Ed Jacobson P.O. Box, Building and Room Number, if any Street 217 East Main Street City Centralia State Washington ZIP Code + 4 98531-4449		9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization Teamsters Local Union No. 252 P.O. Box, Building and Room Number, if any Street 217 East Main Street City Centralia State Washington ZIP Code + 4 98531-4449
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. None		10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
10/29/2004	1,131	Trustee Expense Reimbursement
10/29/2004	109	Value of Trust-Paid Food/Bev/Misc @ Meeting/Event
10/29/2004	19	Value of Trust-Paid Food/Bev/Misc @ Meeting/Event
11/18/2004	203	Value of Trust-Paid Food/Bev/Misc @ Meeting/Event
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. The person identified in item 9.b is a Union Trustee on the Board of Trustees of the entity identified in item 3, which is a jointly administered pension trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). Except as explained in the following paragraph, all amounts shown in item 11.b represent either reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance at meetings of the Board of Trustees and Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee or the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures.		

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund

File Number E-

Item 12 Continuation From Page 1

If two entries are shown above for the same date and the entry in item 11.c for both items is "Trustee Expense Reimbursement", the first entry is for the amount the Trust reimbursed the person identified in item 9.b for all of the items described in the preceding paragraph that benefited that person and the second entry is for the amount the Trust reimbursed that person for food and beverage expenses paid by that person but attributable to others attending that meeting or event.

In all cases, the date shown in item 11.a for each payment or other expenditure the Trust issued a reimbursement check to the Union Trustee (in the case of items identified as "Trustee Expense Reimbursement"), or the date the Trust paid, or reimbursed some other person for the expense (in the case of items identified as "Value of Trust-Paid Food/Bev/Misc @ Meeting/Event").

Each year the Board of Trustees meets quarterly in January, April, July and October and Trustee Committees meet quarterly in March, June, September and December. Not all Trustees attend all Committee meetings and in some cases, other commitments may preclude a Trustee from attending a quarterly Board meeting. In addition to attendance at some or all of those meetings, the Union Trustee incurred expenses or the Trust made expenditures benefiting that person in connection with the person's attendance at the following other meetings or events in the performance of the Union Trustee's duties as a Trustee:

None

Part B

Name of Reporting Employer: Northwest Administrators, Inc.	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <div style="border: 1px solid black; padding: 2px;">Recording Secretary</div>	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <div style="border: 1px solid black; padding: 2px;">Ed</div> <div style="border: 1px solid black; padding: 2px;">Jacobson</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Street <div style="border: 1px solid black; padding: 2px;">217 East Main Street</div> City <div style="border: 1px solid black; padding: 2px;">Centralia</div> State <div style="border: 1px solid black; padding: 2px;">Washington</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">98531-4449</div>		9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <div style="border: 1px solid black; padding: 2px;">Teamsters Local Union No. 252</div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Street <div style="border: 1px solid black; padding: 2px;">217 East Main Street</div> City <div style="border: 1px solid black; padding: 2px;">Centralia</div> State <div style="border: 1px solid black; padding: 2px;">Washington</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">98531-4449</div>	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <div style="border: 1px solid black; padding: 2px;">None</div>		10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)	
<div style="border: 1px solid black; padding: 2px;">06/01/2004</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">28</div>	<div style="border: 1px solid black; padding: 2px;">Value of Provided Food/Beverage</div>	
<div style="border: 1px solid black; padding: 2px;">08/05/2004</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">162</div>	<div style="border: 1px solid black; padding: 2px;">Value of Provided Golf</div>	
<div style="border: 1px solid black; padding: 2px;">08/05/2004</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">72</div>	<div style="border: 1px solid black; padding: 2px;">Value of Provided Food/Beverage</div>	
<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>The person identified in item 9.b. is a Union Trustee on the Board of Trustees of the Retirees Welfare Trust, which is a jointly administered welfare trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). All amounts shown in item 11.b. represent the estimated value of food, beverages and golf provided or made available to him by Northwest Administrators, Inc. in connection with his attendance at meetings of the Board of Trustees or otherwise in connection with the performance of his duties as a Union Trustee.</p> </div>			

Name of Reporting Employer: Teamsters Local Union 252

File Number E- 001-682

Check Item Number (from Page 2)
to which this Part B appliesITEM 8.a ☒ITEM 8.b ☐ITEM 8.c ☐ITEM 8.d ☐ITEM 8.e ☐ITEM 8.f ☐9.a. ☐ Agreement ☒ Payment ☐ Both

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

Recording Secretary

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

Name Ed Jacobson

9.d. Name and address of firm or labor organization with whom employed or affiliated.

Organization

Teamsters Local Union 252

P.O. Box, Building and Room Number, if any

Street 1514 View Avenue

City Centralia

State Washington ZIP Code + 4 98531

P.O. Box, Building and Room Number, if any

Street 217 East Main Street

City Centralia

State Washington ZIP Code + 4 98531-4449

10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.

July 26, 2004

10.b. The promise, agreement, or arrangement was:

☐ Oral☐ Written*☐ Both

(*Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy).

8/13/04

11.b. Amount of each payment or expenditure

\$80.00

11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)

check payable to Teamsters Charity Golf

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Local Union Executive Board approved a total donation of \$500.00, payable to the Teamsters Charity Golf (Benefiting Camp Prime Time). Total donation provided for a foursome (\$500.00 divided by 4 = \$125.00) to play golf & a meal (valued at \$80.00) with the remaining donation going to the charity.